

		Continuation App	olication Transn	nittal Form
Attorney Docket No.		AMN-003-002	Total Pages	
First named Inventor or Application Identifier		Shozo KOYAMA		
Title of Invention		ANTIBODIES, NEUTRALIZING IDIOTYPE ANTIBODY AND/OR	G ANTIBODY, ANTITOXIN, OR ANTIBODY WHICH IS	
	AD	Box Patent	Application	Patents
- Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 3. ☑ Formal Drawing(s) (35 USC 113) [Total Sheets 13] 4. ☒ Oath or Declaration [Total pages 1] a. ☐ Newly executed (original or copy) b. ☒ Copy from a prior application (37 CFR 1.63(d))		6. ☐ Microfiche Computer Program (Appendix) 7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. ☐ Computer Readable Copy b. ☐ Paper Copy (identical to computer copy) c. ☐ Statement verifying identity of above copies ACCOMPANYING APPLICATION PARTS 8. ☐ Assignment papers (cover sheet & document(s)) 9. ☐ 37 CFR 3.73(b) Statement (When there is an assignee) ☐ Power of Attorney 10. ☐ English Translation Document (if applicable) 11. ☐ Information Disclosure Statement (IDS) /PTO- 1449 ☐ Copies of IDS Citations (* docs) 12. ☒ Preliminary Amendment with Version with Markings to Show Changes Made 13. ☒ Return Receipt Postcard (MPEP 503)		
	First named Inven Title of Invention // // // // // // // // //	First named Inventor of Title of Invention AENTS Ity patent application Vention ated Applications Ity applications Ity patent application Appendix Ition Vention Orawings 10. 11. 12. 13.) [Total Sheets 13] 14. 15. 16. [Total Sheets 13] 16. [Total Sheets 13] 17. 18. [Total Sheets 13] 18. [Total Sheets 13] 19. [Total Sheets 13]	Attorney Docket No. First named Inventor or Application Identifier Title of Invention ANTIGEN INDUCERS, VACCINANTIBODIES, NEUTRALIZING IDIOTYPE ANTIBODY AND/OR INDUCED BY ITS IDIOTYPE ANDICED BY	First named Inventor or Application Identifier ANTIGEN INDUCERS, VACCINE PRECURSORS, VANTIBODIES, NEUTRALIZING ANTIBODY, ANTITO IDIOTYPE ANTIBODY AND/OR ANTIBODY WHICH INDUCED BY ITS IDIOTYPE ANTIBODY ADDRESS TO: Assistant Commissioner for Box Patent Application Washington, DC 20231 6.

i.

DELETION OF INVENTOR(S)

Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).

5.

Incorporation By Reference (useable if Box 4b is checked)

The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

- still proper and desired
- 15.

 ☐ Certified Copy of Priority Document January 29, 1997, in Japan is claimed under 35 USC 119.
 - The certified copy has been filed in prior application Serial No. 09/355,642.
- 16. Ø Other:
 - □ Copy of Notice of Recordation of
 □ **Assignment Document** ☐ Request for Change of Corresponding Address

17. If a CONTINUING	APPLICATION, che	eck appropriate box and supply the requisite information:
	□ Divisional	☐ Continuation-in part (CIP)
		of prior application No.: <u>09/</u>
	40	AARDEARANDENAE ARRESA

355,642 18. CORRESPONDENCE ADDRESS ☑ Customer Number or Bar Code Label 020374 or Correspondence address below NAME KUBOVCIK & KUBOVCIK **ADDRESS** 900 17th Street, N.W. **STATE** CITY Washington DC ZIP CODE 20006 FILING DATE June 18, 2001 TEL 202-887-9023 FAX 202-887-9093

FEE TRANSMITTAL

Note: Effective October 1, 2000

Application Number	09/	
Filing Date	June 18, 2001	
First Named Inventor	Shozo KOYAMA	
Group Art Unit	Not Assigned	
Examiner Name	Not Assigned	
Attorney Docket Number	AMN-003-002	

CLAIMS AS FILED-PART 1		SMALL ENTITY		OTHER THAN SMALL ENTITY		
FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE	RATE	FEE
BASIC FEE (37 CFR 1.16 (a))				\$355.00		\$710.00
TOTAL CLAIMS (37 CFR 1.16 (c))	<u>28</u> - 20 =	8	\$9.00		\$18.00	\$144.00
INDEPENDENT CLAIMS (37 CFR 1.16 (B))	<u>5</u> - 3 =	2	\$40.00		\$80.00	\$160.00
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16 (d))			\$135.00		\$270.00	
			SUB TOTAL		SUB TOTAL	\$1,014.00
SURCHARGE-LATE FILING FEE OR DECLARATION			\$65.00		\$130.00	
RECORDING ASSIGNMENT			\$40.00		\$40.00	
TOTAL				\$0.00		\$1,014.00

METHOD OF PAYMENT (check one)					
The commissioner is hereby authorized to credit overpayments or charge insufficiencies to:		2. ☑ Payment Enclosed: ☑ Check (# <u>3987</u> for \$1014.00)			
DEPOSIT ACCOUNT No.	111833	☐ Money Order ☐ Other			
DEPOSIT ACCOUNT NAME	KUBOVCIK & KUBOVCIK	3 3 3 3 3			

SIGNATURE OF ATTORNEY, OR AGENT			
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KTK/spb